MISCELLANEOUS DAMAGE OR LOSS

CLIENT LEGAL SERVICES DIVISION



Military Claims Branch

REPLY TO ATTENTION OF:

DEPARTMENT OF THE ARMY

HEADQUARTERS, EIGHTH UNITED STATES ARMY OFFICE OF THE STAFF JUDGE ADVOCATE UNIT #15237 APO AP 96205-5237

EAJA-LS 1 November 2009

MEMORANDUM FOR CLAIMANTS AGAINST THE UNITED STATES GOVERNMENT

SUBJECT: Procedures for Filing Personnel Claims

- 1. Welcome to the Client Legal Services Division, Korea. Enclosed are instructions and forms explaining how to file a claim against the United States for loss of or damage to your personal property.
- 2. It is unfortunate that you have suffered a loss or injury. The Goal of our Claims Department is to investigate and fairly settle your claim as quickly as possible, within the limits imposed by Congress and the Department of the Army. In order to process your claim in a timely manner, it is important that you read and carefully follow the enclosed instructions, that you carefully complete all applicable claims forms, and that you submit documentation to substantiate your claim.
- 3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service to you and welcome any suggestions for improvement. Please return this form at the time you file your claim. If you have additional comments at a later time, extra survey forms are available in our office.
- 4. The Claims Office is open Monday, Tuesday, Wednesday and Friday form 0900 to 1600. We are closed Thursday mornings from 0800 to 1300 for training. If you need assistance at any stage in the claims process, please do not hesitate to contact us at (02) 7918-8111 (commercial) or DSN 315-738-81111.

Encls as

DOUG J. CHOI MAJ, JA Chief, Client Legal Services Division

MISCELLANEOUS PERSONAL PROPERTY CLAIM CHECKLIST

| and thoroughly. Your claim must include the following: |
|---|
| a. DD Form 1842/DD Form 1844 (enclosed). |
| b. MP Blotter/MP Report/KNP Report/ Stateside Police Report (If Applicable). |
| c. Estimate of Repair - A partial list of repair shops is enclosed. |
| d. Replacement Cost - This can be obtained from catalogues or the Internet. For destroyed and missing items you will need to provide a replacement cost. For destroyed items you will also need an estimate showing the item cannot be repaired or that repair is not feasible. |
| e. Substantiation – You must substantiate ownership and value of the items claimed. |
| f. Theft Questionnaire/Commander's Statement (enclosed) - Included in the package is a questionnaire that must be completed by the claimant and his or her commander. |
| g. Copy of Lease (If loss occurred at quarters). |
| h. Orders and/or Amendments. |
| i. Insurance Policy – You do not have to file a claim with your private insurance company if your loss occurred during a Government sponsored shipment and included a PCS move. For all other claims, you MUST file with your insurance company prior to any Government settlement. When applicable, include a cop of the insurance settlement. |
| j. Electronic Fund Transfer Worksheet (enclosed)- Your payment, if any, will be made by direct deposit into your bank account. Fill out this form completely. Ensure that the correct routing and account number is on the form. If it is not, your payment will be delayed. |
| k. Power of Attorney (POA) – You must have a POA if you are filing for your sponsor, spouse, or someone else. |
| 2. We cannot pay for incidental expenses such as phone bills, gas, items rented while waiting for your claim to be paid or time spent on preparing and filing your claim. |
| 3. You have two years from the date of incident to file a claim. THIS TIME LIMIT CANNOT BE WAIVED. |

4. If you desire copies of any forms or documents pertaining to your claim, you should make these copies prior to coming to the Claims Office. You must turn in all original documents to the Claims Office. If you need

assistance, feel free to come by our office during normal office hours or call to speak to one of our

representatives at DSN 738-8111.

SAMPLE

| CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE | | | | | | | | | |
|---|---|------------------------------------|--|-------------------|---------------|----------|-----|--|--|
| PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.) | | | | | | | | | |
| 1. NAME OF CLAIMANT (Last, First, Middle Initial) | | | 3. RANK OR GRADE | 4. SOCIAL | SECURITY | NUM | BER | | |
| Self Explanatory | | planatory | Self Explanatory | DE00 #/ # | | | | | |
| 5. HOME ADDRESS (Street, City, State and Zip Co | ode) | | T MILITARY DUTY ADD Zip Code) | RESS (If appli | cable) (Stree | et, Crty | | | |
| Self Explanatory | | Self Explan | - | | | | | | |
| 7. HOME TELEPHONE NO. (Include area code) | 8. DUTY T | ELEPHONE NO. | . (Include area code) | 9. AMOUN | T CLAIME | D | | | |
| 10. CIRCUMSTANCES OF LOSS OR DAMAGE (E | xplain in detail. Include | date, place, and | all relevant facts. Use add | itional sheets it | necessary. |) | | | |
| There was a theft to my authorized off post living Amount must be included. My e-mail address is ***@us.army.mil | quarters. 1234 Yongs | an city park. T | The KNP investigated. Co | ontinue to det | ail all relev | vant fa | ct. | | |
| 11. DID YOU HAVE PRIVATE INSURANCE COVE | | | • | • | * - | YES | NO | | |
| had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.) 13. HAVE YOU MADE A CLAIM ACAINST YOUR PRIVATE INSURED. (If "You " attach a copy of your policy of your policy.) | | | | | | | | | |
| 12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.) | | | | | | | | | |
| 13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.) | | | | | | | | | |
| 14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.) | | | | | | | | | |
| 15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.) | | | | | | | | | |
| If any missing items for which I am claiming were packed by the carrier; they were owned pri checked all rooms in my dwelling to make sure n | 16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I | | | | | | | | |
| authorize my insurance company to release infor | | | - | | | | | | |
| I authorize the United States to withhold from the extent I am paid on this claim, and for any pa | | | • | | | | | | |
| untrue. I have not made any other claim against information I provide as part of my claim is false, | the United States for | the incident fo | | | | | | | |
| 17. SIGNATURE OF CLAIMANT (or designated age | | | | | 18. DATE | ESIGN | ED | | |
| ***You or your agent, Authorized with a power of attorney, must sign*** | | | | | | |)) | | |
| . PART II - 0 | CLAIMS APPROVAL | . (To be compl | eted by Claims Office) | | <u> </u> | | | | |
| a. SMALL CLAIMS the claimant is a p | proper claimant; the pr | roperty is reaso able procedure | eritorious under 31 U.S.(onable and useful; the lo s as prescribed by the co ubstantiated: | ss has | \$ | | | | |
| 21. SIGNATURES (Signatures at a and c not required | · · · · · · · · · · · · · · · · · · · | | ALITHODITY | | J DATE 0 | IONED | | | |
| a. CLAIMS EXAMINER | b. DATE SIGNED (YYYYMMDD) | c. REVIEWING | AUTHURITT | | d. DATE S | | | | |
| e. TYPED NAME AND GRADE OF APPROVING AUTHO | DRITY | f. SIGNATURE | OF APPROVING AUTHORIT | Υ | g. DATE S | | | | |

DD FORM 1842, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

Reset

Adobe Professional 7.0

SAMPLE

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

- You must submit your claim in writing within two years of the date of the incident giving rise to the claim.
 This two year time limitation may not be waived.
- 2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.
- 3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.
- You may obtain further information from a Claims Office.

- 5. You are entitled to claim the following:
- a. Reasonable local repair cost, if an item can be economically repaired. (You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)
- b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)
- c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office) 24. SUPPLEMENTAL PAYMENT (X and complete if applicable) 23. DENIAL (X if applicable) The claim is not cognizable or meritorious under 31 U.S.C. The claim is cognizable and meritorious 3721 and the applicable provisions of the controlling under 31 U.S.C. 3721, and the following additional award is substantiated: departmental regulation, and is denied. 25. SIGNATURES a. CLAIMS EXAMINER b. DATE SIGNED c. REVIEWING AUTHORITY d. DATE SIGNED (YYYYMMDD) (YYYYMMDD) 26. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.) a. TYPED NAME b. GRADE b. SIGNATURE c. DATE SIGNED (YYYYMMDD)

| CLAIM FOR LOSS OF O | R DAMAGE TO PE | RSONAL PI | ROPERTY INCIDENT | T TO SERV | ICE | | |
|--|---|---|---|--|--|---|-------------|
| PART I - TO BE COMPLE | TED BY CLAIMANT | (See back for F | Privacy Act Statement a | nd Instruction | s.) | | |
| 1. NAME OF CLAIMANT (Last, First, Middle Initia | | | 3. RANK OR GRADE | 4. SOCIAL | | NUMI | BER |
| 5. HOME ADDRESS (Street, City, State and Zip C | Code) | 1 | T MILITARY DUTY ADD Zip Code) | ORESS (If applie | cable) (Stre | et, City, | |
| 7. HOME TELEPHONE NO. (Include area code) | 8. DUTY TE | LEPHONE NO. | . (Include area code) | 9. AMOUN | T CLAIME | D | |
| 10. CIRCUMSTANCES OF LOSS OR DAMAGE | (Explain in detail. Include | date, place, and | all relevant facts. Use add | itional sheets if | necessary. | , | |
| | | | | | | | |
| DID YOU HAVE PRIVATE INSURANCE COV had transit, renter's or homeowner's insura your policy.) | | | - | • | - | YES | NO |
| 12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.) | | | | | | | |
| 13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.) | | | | | | | |
| 14. DID ANY OF THE CLAIMED ITEMS BELONG FAMILY MEMBER? (If "Yes," indicate this | | | | | | | |
| 15. WERE ANY OF THE CLAIMED ITEMS ACQU OR BUSINESS? (If "Yes," indicate this on y | | | | | ESSION | | |
| 16. UNDER PENALTY OF LAW, I DECLARE THE If any missing items for which I am claiming were packed by the carrier; they were owned p checked all rooms in my dwelling to make sure I assign to the United States any right or int authorize my insurance company to release info I authorize the United States to withhold for the extent I am paid on this claim, and for any p untrue. I have not made any other claim agains information I provide as part of my claim is false | g are recovered, I will r rior to shipment but no nothing was left behind erest I have against a c rmation concerning my om my pay or accounts payment made on this et the United States for | otify the office t delivered at office d. carrier, insurer, r insurance cover for any paymiclaim in reliance the incident for | e paying this claim. (For destination; after my pro or other person for the verage. ents made to me by a co e on information which | perty was par incident for w arrier, insurer, is determined | cked, I/my /hich I am or other p to be inco | dagent claimir person prrect o | ng; I to |
| 17. SIGNATURE OF CLAIMANT (or designated ag | gent) | | | | 18. DAT | E SIGN YMMDD | |
| | CLAIMS APPROVAL | . (To be compl | eted by Claims Office) | | | | |
| a. SMALL CLAIMS the claimant is a been verified in a | proper claimant; the pr | roperty is reaso able procedure: | eritorious under 31 U.S. onable and useful; the lo s as prescribed by the co obstantiated: | ss has | \$ | | |
| 21. SIGNATURES (Signatures at a and c not require | I | | | | | | |
| a. CLAIMS EXAMINER | b. DATE SIGNED (YYYYMMDD) | c. REVIEWING | AUTHORITY | | d. DATE S | | |
| e. TYPED NAME AND GRADE OF APPROVING AUTH | HORITY | f. SIGNATURE | OF APPROVING AUTHORIT | Υ | g. DATE S | | |

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- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

- You must submit your claim in writing within two years of the date of the incident giving rise to the claim.
 This two year time limitation may not be waived.
- 2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.
- 3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.
- You may obtain further information from a Claims Office.

- 5. You are entitled to claim the following:
- a. Reasonable local repair cost, if an item can be economically repaired. (You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)
- b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)
- c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

| | PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office) | | | | | | | | |
|-------|---|-------------------------------|--|------------------------------|--|--|--|--|--|
| | 23. DENIAL (X if applicable) | | 24. SUPPLEMENTAL PAYMENT (X and complete if applicable) | | | | | | |
| | The claim is not cognizable or merito 3721 and the applicable provisions of departmental regulation, and is denied. | | The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: | | | | | | |
| 25. S | 25. SIGNATURES | | | | | | | | |
| a. Cl | AIMS EXAMINER | b. DATE SIGNED (YYYYMMDD) | c. REVIEWING AUTHORITY | d. DATE SIGNED (YYYYMMDD) | | | | | |
| 26. A | PPROVING/SETTLEMENT AUTHORITY (Se | ttlement Authority is require | ed for denial.) | | | | | | |
| a. TY | PED NAME | b. GRADE | b. SIGNATURE | c. DATE SIGNED (YYYYMMDD) | | | | | |

STATEMENT OF UNDERSTANDING

Paragraphs 11-10f and 11-21b (5) of AR 27-20, provide that no claim may be paid under this chapter if there is private insurance that may cover the loss. Therefore, if you have any insurance, which may cover all or any parts of this loss, you must first settle with your insurer. Your claim against the Army must include a copy of your insurance settlement.

Insurance coverage includes: comprehensive automobile, automobile theft, homeowners' renters, and personal effects floater policies. If you have none of these types of insurance in effect either now, or at the time of loss/damage being claimed, please read the statement below and sign.

I READ AND UNDERSTAND THE ABOVE REQUIREMENTS. I HAVE INDICATED ON MY CLAIM AGAINST THE UNITED STATES (DD FORM 1842) THAT I DO NOT HAVE ANY PRIVATE INSURANCE WHICH MAY COVER ALL OR ANY OF THE LOSS OR DAMAGE ON MY CLAIM AGAINST THE UNITED STATES, IF I BECOME AWARE AT ANY TIME THAT I HAD INSURANCE THAT COVERED SUCH LOSS OR DAMAGE, I WILL SO NOTIFY THE CLAIMS OFFICE.

| SIGNATURE OF CLAIMANT | DATE |
|-----------------------|------|

SAMPLE

| Se. | NAM | NAME OF CLAIMANT (Last, First, Middle Initial) Self Explanatory | | | 3. PICK-UP DATE | LIST | (Items | LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office) | CLAIMS , | ANALYSIS CI | HART | | |
|------|----------|--|-----|----------------------|--------------------------|---------------------------------|-----------------------|--|--------------------------|---------------------------------|--------------------------------|-----------------------------|-----------------------------|
| 2 | 2. CLAIM | 2. CLAIMANT'S INSURANCE COMPANY (# applicable) a. NAME b. POLICY NO. | NO. | 4. DEI | 4. DELIVERY DATE | 14. ORIGIN CONTRACTOR | 17. 2ND | 17. 2ND CONTRACTOR 21. CLAIM NUMBER | 21. CLAIM | NUMBER | 22. NE LIABLI | 22. NET WTMAX CAR LIABLE | XCAR |
| ui . | 9 | 7. | | 9. ORIGINAL COST | CLAIMED a. Repair fod | 15. INVENTORY DATE (PYYYNAMICO) | 18. EXC | 18. EXCEPTION SHEET DATE (PPPMARICO) | 23. GBL NUMBER | UMBER | 24. LC | 24. LOT NUMBER | æ |
| NO. | NO. | (Lescrace the restriction) and extent of model and size. List the nature and extent of damage. If missing, state "MISSING.") | NO. | MM/YYYY PURCHASED | Replace- ment Cost | 16. EXCEPTIONS | 19. 20. INV NO. | EXCEPTIONS | 25. AMOUNT ALLOWED | 26. ADJUDICATOR'S REMARKS | 27. ITEM VVT | 28. HOUSE LIABILITY | 29. CARRIER LIABILITY |
| | - | 19" Soay Color IV w/remote SN #12345 Model ABC 123 Constructed along left cida | 32 | 240.00 | 00:06 | | | | | | | | |
| | | Remote Crushed (repairable) | | 05/2002 | | | | | | | | | |
| 2 | | Panasonic Family Size Microwave SN #123 Model CDE 123 Door bent, front panel broken off (unrepairable) | = | 200.00 | 180.00 | | | | | | | | |
| m | 4 | | 7 | 520.00 | 250.00 | | | | | | | | |
| 4 | - | Couch and Loveseat - grease stains on both needs to be professionally cleaned. (repairable) | 11 | 1,700.00 | 125.00 | | | | | | | | |
| 50 | - | Liardro figurine of a swan - broken wing (unrepairable) | 94 | 120.00 | 120.00 | | | | | | | | |
| 6 | - | Four slot Black and Decker toaster Missing | 8 | 15.00 | 12.00 | | | | | | | | |
| | | Repair Estimate for the TV/Remote control | | 15.00 | 15.00 | | | | | | | | |
| | | | | | | | | | | | | | |
| 15. | REM | 12. REMARKS | | 13. TOTAL | 1230.00 | | | 30. TOTAL AMOUNT ALLOWED | w | 31. THIRD PARTY LIABLIT | 1. THIRD PARTY LIABILITY | so. | ss. |
| I | F | DD FORM 1844, MAY 2000 | 1 | | PREVIOUS E | PREVIOUS EDMON IS OBSOLETE. | | | | | Page | of | Pages |

| | | | | or >- | | | | | | 49 | |
|---|---|---|--|---|-----------------------|------------|--------------------------------|--|---------------------------------|------------------------------|--|
| | AR | | | 29. CARRIER LIABILITY | | | | | ↔ | Pages | |
| | T/MAX C | | JMBER | 28. HOUSE LIABILITY | | | | | | ۶ | |
| | 22. NET WT/MAX CAR LIABLE | | 24. LOT NUMBER | | | | | | φ | 1 | |
| | 22. LIA | | | 27. ITEM WT | | | | | 31. THIRD PARTY LIABILITY | Раде | |
| SIS CHART | UMBER | | MBER | 26. ADJUDICATOR'S REMARKS | | | | | 31. T PA LIA | | |
| IMS ANALY | 21. CLAIM NUMBER | | 23. GBL NUMBER | 25. AMOUNT ALLOWED | | | | | ↔ | | |
| LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 thr ough 31 to be filled out by Claims Office) | 17. 2ND CONTRACTOR | | 18. EXCEPTION SHEET DATE (************************************ | EXCEPTIONS | | | | | 30. TOTAL AMOUNT ALLOWED | | |
| OPER IS 14 thr | D CONT | | CEPTIO ATE orm | 20. EX | | | | | | | |
| OF PR | 17. 2N | | 18 ⊡⊽ | e; <u>§</u> 8 | | | | | | | |
| LIST | | | DATE | | | | | | | E E | |
| | 14. ORIGIN CONTRACTOR | | 15. INVENTORY DATE | 16. EXCEPTIONS | | | | | | ON IS OBSOLET | |
| 3. PICK-UP DATE | 4. DELIVERY DATE | | 11. AMOUNT CLAIMED a. Repair | Replace | | | | | € | PREVIOUS EDITION IS OBSOLETE | |
| 3. PICK | 4. DEL | | 9. ORIGINAL COST | 10. MM/YYYY PURCHASED | | | | | 13. TOTAL | | |
| | | , | | N O | | | | | - | ┨ | |
| | CY NO | | | | | | | | | l | |
| | able) | | nd name, | extent of 3.") | | | | | | | |
| ddle Initial) | (If applic. | | | AS notuding br | nature and missing | | | | | | |
| ast, First, Mid | E COMPANY | | | | | MAGED ITER | ze. List the nissing, state | | | | |
| 1. NAME OF CLAIMANT (Last, First, Middle Initial) | 2. CLAIMANT'S INSURANCE COMPANY (If applicable) a. NAME | | 7. LOST OR DAMAGED ITEMS (Describe the item fully inc) | model and size. List the nature and extent of damage. If missing, state "MISSING.") | | | | | | DD FORM 1844, MAY 2000 | |
| OF CI | MANT'S | | 7. | | | | | | 12. REMARKS | RM 1 | |
| NAM | 2. CLAIM a. NAME | | 5. 6. IND | | | | | | . Re | D F0 | |
| - - | 6 in | | · . | Ŏ. | | | | | 7 | Jo | |

COMMANDER'S STATEMENT

| 1. This statement is provided as an enclosure to | o the claim of: |
|--|--|
| Claimant's name, SSN, and U | Jnit |
| 2. Does the unit maintain records of high valueNO | e personal property of unit personnel?YES |
| 3. Did the soldier record with the unit the prop | erty being claimed?YESNO |
| 4. Did the soldier know how to record high valYESNO If NO , please explain be | |
| | |
| 5. In your opinion, do you believe the loss tookYESNO If NO , please explain be | 1 0 |
| | |
| | |
| 6. In your opinion, did the soldier take reasona explain. | ble measures to safeguard the property? Please |
| | |
| | |
| 7. State any other factors you believe should be | e considered in adjudicating this claim. |
| | |
| | |
| | |
| | |
| | NAME |
| _ | RANK/BRANCH |
| _ | TITLE |

THEFT QUESTIONNAIRE

This questionnaire is designed to assist you in the preparation of your theft claim and allows us to investigate and process your claim more quickly. Please answer all questions to the best of your knowledge. If you need more space, use the remarks section. Disclosure of information is voluntary. Failure to substantiate your claim may result in the denial of part of or your entire claim.

| NAME: | RANK |
|---|---|
| UNIT: | DUTY PHONE: |
| 1. Where did the theft occur? Be setc.) | specific as to place. Give room, building number, address of quarters, |
| | |
| 2. Where was/were the article(s) lo | ocated at the time of the theft? (Locker, dresser, closet, ect.) |
| | |
| | |
| 3. What was the date and approxin | nate time of the theft? |
| | |
| 4. When did you discover the theft | t? (Date & Time) |
| | |
| 5. To whom did you report the the to be notified.) | ft and by what means? (If off-post, both the KNPs and the MPs need |
| | |
| | |
| 6. When did you report the theft? | (Date & Time) |
| 7. Did the KNPs/MPs visit the scen | ne of the theft? |
| 8. Were pictures taken or diagrams copies to your claim.) | s of the scene of the theft drawn by you or the police? (If yes, attach |
| | |

| 9. Where were you at the time of the theft? |
|---|
| 10. If the theft occurred at your quarters, who besides yourself, occupied the quarters on or about the date of the theft? (Roommate, guests, family, employees.) |
| |
| 11. In regard to question 10 above, were they home at the time of the theft? |
| 12. How was entry gained to your quarters? Were there signs of forced entry? Please describe in detail below. |
| 13. Who, other than yourself, has a key to your quarters (POV)? |
| |
| 14. Were your quarters (POV) secured at the time of the theft? Were all doors and windows locked? If NO , please explain. |
| |
| |
| 15. If you lost small valuable items such as jewelry or money, please describe in detail where those items were stored at the time of the theft. |
| |
| 16. Additional remarks or information: |
| |
| |
| |
| |
| SIGNATURE & DATE |

ELECTRONIC FUND TRANSFER WORKSHEET

PAYEE INFORMATION

| NAME (Last, First, Middle Initial): |
|-------------------------------------|
| Mailing Address: |
| Social Security Number: |
| Telephone Number (DSN or COMM): |
| E-Mail Address: |
| FINANCIAL INSTITUTION INFORMATION |
| NAME: |
| Address: |
| 9-digit Routing Number: |
| Depositor Account Number: |
| Type of Account: Checking Savings |
| Claimant Signature: |

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P. L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PARTIAL LISTING OF REPAIR SHOPS

The Client Legal Service-Claims Division has prepared this as a service to USFK Personnel. It is intended as a partial listing only. Listing of a firm does not constitute an endorsement of its products or services by the U.S. Government or the Client Legal Service-Claims Division. Exclusion of a firm from this list does not imply that such a firm is unreliable or should not be used. All phone numbers listed are off-post Korean civilian numbers unless otherwise noted. If you find any errors in the listings below or if you are aware of any additional firms performing any of the services listed, please let our office know.

AUTOMOTIVE REPAIR

AUTO Craft Shop

TEL: DSN 738-5315/5042

Dunlop Body/Repair TEL: COMM 794-4345

Youngjin Auto Glass (Windshield/Glass only)

TEL: COMM 793-1990/795-6144

COMPUTERS/TYPEWRITERS/ OFFICE MACHINE

Chin Han Repair Shop TEL: COMM 749-0692 CELL: 010-6216-5043

Jonny Computer

TEL: COMM 790-8839

Computer repair shop in Gallery

DSN: 723-4030 Bldg # 2209

FUR/LEATHER/SUEDE

Mimi Dry-cleaning

TEL: COMM 793-1879/790-9843

FURNITURE REPAIR

Chin Han Repair Shop TEL: COMM 749-0692 CELL: 010-6216-5043

GRANDFATHER CLOCKS

Chin Han Repair Shop TEL: COMM 749-0692 CELL: 010-6216-5043

MUSICAL INSTRUMENTS

Chin Han Repair Shop TEL: COMM 749-0692 CELL: 010-6216-5043

Yamaha Piano Service Center TEL: COMM 396-4141

GENERAL ELECTRONIC ITEMS REPAIR

AAFES Appliance Repair Shop

TEL: DSN 723-4117

CLAIMS SURVEY

Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Client Legal Services Division or fold it in half and mail it postage free through the Military Postal System.

| 1. | What was the | name of the person | who assisted | you during yo | our visit to our offic | ce'? |
|----|---------------|---|----------------|---------------|------------------------|----------------|
| 2. | | ng you would like | | | | |
| 3. | How would yo | ou rate the service y | ou were prov | ided during y | | ne) |
| | | | | | | 1: 6 0 |
| | | etions in the claims No If not, what | - | • • | | |
| | | | | | | |
| | Were you give | en a satisfactory exp im settlement? | planation cond | cerning the m | ethods the Claims (| Office used to |
| | Yes! | No If not, what ot | her informatio | on should we | nave provided? | |
| | | | | | | |
| | | | | | | |
| OF | PTIONAL: | | | | | |
| | | Your Name | Work | Number | Date | |

| ľ | MPS |
|---|-----|
| | |

HQ, Eighth United States Army Office of the Staff Judge Advocate ATTN: Chief, Military Claims Unit #15237 APO AP 96205-5237